

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889701

FILING DATE
COSTS

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	10					
12	10					
13	1					
14	1					
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30	1					
31	1					
32	1					
33	1					
34	1					
35	8					
36	8					
37	8					
38	8					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	108					
TOTAL CLAIMS	116					

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TOTAL DEP.						
TOTAL CLAIMS						